

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/551057	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/		51					
2		/		/		52							
3						53							
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44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	3		3										
TOTAL DEP.	40		24										
TOTAL CLAIMS	43		37										